



































RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986					
Block 1 - Contact Information					
ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code	6 numeric digits	145115		
2	Carrier Study Area Name	alpha characters	Telephone Operating Company of Vermont LLC		
3	Service Provider Identification Number	9 numeric digits	143032500		
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015		
5	Contact Name	alpha characters	Barbara Galardo		
6	Contact Telephone Number (include area code)	9 numeric digits	2075354126		
7	Sheet number	numeric digit(s)	1		
8	Total Number of Sheets	numeric digit(s)	1		
Block 2 - Residential Local Service Rates, Fees, and Line Counts					
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 16.20				
10					
11					
12					
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Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier See Attached Listing

Signature of authorized officer

M. Michael T. Skrivan

Date

June 23, 2015

Printed name of authorized officer: Michael T. Skrivan

Title or position of authorized officer: Vice President of Regulatory

Telephone number of authorized officer: (207) 535 - 4150

Study Area Code of Reporting Carrier

See Attached List

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2015